



PATENT

JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
Gary T. Dane, et al. ) Group:  
Serial No.: 10/685,247 )  
Filed: October 14, 2003 ) Examiner:  
Title: ORTHOPAEDIC INSTRUMENT )  
STERILIZATION CASE )

INFORMATION DISCLOSURE STATEMENT

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant wishes to bring to the attention of the Examiner the documents identified on the attached form PTO-1449. Applicant respectfully requests that these documents be made of record in the present application.

This information is being submitted within three months after the filing date of the present application, or before the mailing date of a first Office Action on the merits.

In the event Applicants have overlooked the need for a payment of fee, or additional payment of fee, or have overpaid a fee, Applicants hereby conditionally petition therefor and authorize that any charges or credits be made to Deposit Account No. 20-0095, TAYLOR & AUST, P.C.

Respectfully submitted,

Todd T. Taylor  
Registration No. 36,945  
Attorney for Applicant

TTT/lp

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on: October 20, 2005.

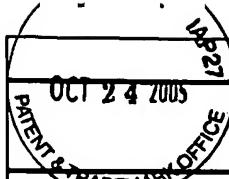
Todd T. Taylor, Reg. No. 36,945

NAME OF REGISTERED REPRESENTATIVE

SIGNATURE  
October 20, 2005  
DATE

Encs.: Form PTO-1449  
Return Postcard

SMI0077.US



		ATTORNEY DOCKET NO.: SMI0077.US	SERIAL NO: 10/685,247
INFORMATION DISCLOSURE STATEMENT		APPLICANT: Gary T. Dane, et al.	
		FILING DATE: October 20, 2005	GROUP:

## U.S PATENT DOCUMENTS

Examiner Initial *		Document No.	Date	Name	Class	Subclass	Filing Date
	AA	6,896,149	05/2005	Berry III	220	4.28	February 9, 1998
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

## FOREIGN PATENT DOCUMENTS

							Translation	
		Document No.	Date	Country	Class	Subclass	Yes	No
	AL							
	AM							
	AN							
	AO							
	AP							

## OTHER REFERENCES (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)


EXAMINER: \_\_\_\_\_ DATE CONSIDERED: \_\_\_\_\_

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.